MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046108

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10826

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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FILED NOV 22 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hosp
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY
c. CITY OR TOWN St Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside city, give location) 3112 N Market
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Barbara Middle Jay Last Lot

4. DATE OF DEATH Month Oct Day 30 Year 1963

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 9 Aug 1938

9. AGE (last birthday) 25

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress

10b. KIND OF BUSINESS OR INDUSTRY Cleaners

11. BIRTHPLACE (City and state or country) Brownsville Tenn

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Charlie Johnson

13b. MOTHER'S MAIDEN NAME Irene Jones

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT Irene Johnson Address 3112 N Market

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fractured Skull with Subdural Hemorrhage;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) suffered when car operated by deceased was in collision with car operated by Marion Lee, at the intersection of Goode &

DUE TO (c) CoteBrilliante, about 1:30 A.M. on 10-27-63.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY Hour 1:30 a.m. p.m. Month, Day, Year 10-27-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Goode & CoteBrilliante

20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY STATE

21. I attended the deceased from 11 to and last saw her/him alive on

Death occurred at 5:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Queen Deputy Coroner

22b. ADDRESS 1200 Clark

22c. DATE SIGNED 11-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremated

23b. DATE 4 Nov 1963

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) St Louis Co (State) Mo

24. FUNERAL DIRECTOR ADDRESS Reliable Funeral Sys. 1389 N Union

25. DATE RECD. BY LOCAL REG. NOV 1 1963

26. REGISTRAR'S SIGNATURE Hoad Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James A. Wyatt

Licensed Embalmer No. 4441

P. O. Address 1389 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.